

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004091

1. Entity Name

CHIPOLA REALTY, L.L.C.

Principal Place of Business

840 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address

840 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442

2. Principal Place of Business

4299 LAFAYETTE STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

MARIANNA, FL

City & State

Zip

32446

Country

USA

Zip

Country

4. FEI Number

59-3727944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUTTER, CHRISTIAN
SEILER & SAUTTER
2900 EAST OAKLAND PARK BLVD., SUITE 200
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Gregory J. Blodig, Esq.

Street Address (P.O. Box Number is Not Acceptable)

100 W. Cypress Creek Road

Suite 700

City

Ft. Lauderdale,

FL

Zip Code
33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-9-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SILVERSTEIN, CHARLES K
STREET ADDRESS 840 S. MILITARY TRAIL
CITY-ST-ZIP DEERFIELD BEACH FL 33442

☐ Delete

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10. ADDITIONS/CHANGES

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JUL 11 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

CR2E083 (5/01)

STAPLE CHECK HERE